

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009124

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1433

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

2/26/63

2/26/63

2/26/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

7/21/1874

Waterloo, Illinois

Andrew Muehlhauser & Margaret Unknown

BY AFFIDAVIT OF Funeral Director

DOCUMENT CERTIFICATION

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| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1</u> | | d. STREET ADDRESS (If outside, give location) <u>2912 McNAIR</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>ANDREW</u> Middle <u>MUEHLHAUSER</u> Last | | 4. DATE OF DEATH Month <u>2</u> Day <u>8</u> Year <u>63</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 22, 1874</u> |
| 9. AGE (last birthday) <u>88</u> | | 10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. | |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u> | | 12. KIND OF BUSINESS OR INDUSTRY <u>HEGER HINGE</u> | |
| 13. BIRTHPLACE (City and state or country) <u>Waterloo, Mo Illinois</u> | | 14. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 15. FATHER'S NAME <u>Andrew Muehlhauser</u> | | 16. MOTHER'S MAIDEN NAME <u>Margaret Kean</u> | |
| 17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 18. SOCIAL SECURITY NO. <u>558</u> | |
| 19. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 20. NAME OF HUSBAND OR WIFE (Died) <u>FRANCES MUEHLHAUSER</u> | |
| 21. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u> | | 22. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 23. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 24. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 25. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 26. TIME OF INJURY Hour <u>1:20</u> a.m. p.m. | |
| 27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 29. CITY, TOWN, OR LOCATION | | 30. COUNTY | |
| 31. STATE | | 32. DATE SIGNED <u>2/8/63</u> | |
| 33. I attended the deceased from <u>1-26-63</u> to <u>2-8-63</u> and last saw her/him alive on <u>2-8-63</u> Death occurred at <u>1:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 34. SIGNATURE <u>D. E. G. G. G. G.</u> | |
| 35. ADDRESS <u>1515 LAFAYETTE AVE.</u> | | 36. DATE SIGNED <u>2/8/63</u> | |
| 37. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 38. DATE <u>Feb 11, 1963</u> | |
| 39. NAME OF CEMETERY, OR CREMATORY <u>RESURRECTION Cem.</u> | | 40. LOCATION (City, town, or county) <u>ST. LOUIS</u> | |
| 41. FUNERAL DIRECTOR <u>Thomas Kuntz 2906 Gravois</u> | | 42. DATE RECD. BY LOCAL REG. <u>FEB 9 1963</u> | |
| 43. REGISTRAR'S SIGNATURE <u>Paul Smith MD</u> | | 44. ADDRESS <u>2906 Gravois</u> | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois
St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.